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Authors

Rafaely, Daniella
Whitehead, Kevin A

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Extraordinary Emergencies:

Reproducing Moral Discourses of the Child in Institutional Interaction

Daniella Rafaely

Health Communication Research Unit, School of Human and Community Development

University of the Witwatersrand, Johannesburg

Kevin A. Whitehead

Health Communication Research Unit, School of Human and Community Development,

University of the Witwatersrand, Johannesburg

and

Department of Sociology, University of California, Santa Barbara

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About the authors

Daniella Rafaely is a PhD candidate in the School of Human and Community development at the University of the Witwatersrand. Her research focuses on childhood as an historical construct and traces its production and deployment in social settings, and the methods by which morality with respect to childhood is reproduced in everyday interaction.

Kevin A. Whitehead is an Assistant Professor in the Department of Sociology at the University of California, Santa Barbara. His research employs an ethnomethodological, conversation analytic approach to examine race and other categorical forms of social organization and inequality, focusing on ways in which racial and other social categories are used, reproduced and resisted in talk-in-interaction.

Abstract

This report uses audio recorded telephone calls and textual data from an emergency medical services call center to examine the interactional practices through which speakers produce what we call “extraordinary emergencies”, treating the events concerned as requiring moral, as well as medical, attention. Since one of the overarching institutional aims of emergency call centers is to facilitate the efficient provision of medical services, call-takers typically treat reported emergencies as routine events. However, in some instances speakers produce practices that do not contribute toward the institutional agenda of providing medical assistance, thereby treating them as extraordinary cases. These practices occurred recurrently in calls involving reports of emergencies relating to child sexuality, including sexual assaults against children and obstetric emergencies where the mother was particularly young. We discuss the implications of these findings for the situated reproduction of particular moral norms, especially with respect to the category of the child in society.

Keywords: conversation analysis; moral discourse; institutional interactions; emergency calls; childhood; sexuality; sexual assault

Extraordinary Emergencies:

Reproducing Moral Discourses of the Child in Institutional Interaction

1. Introduction

This study examines interactions in an emergency call center, focusing on the ways in which speakers interactionally produce some emergencies as "extraordinary", thereby displaying their orientations to moral contingencies that they treat as worthy of extra-institutional attention and actions. These cases are distinct from the majority of emergencies that are routinely collaboratively produced as "ordinary" instances of "business as usual". Our findings therefore both build upon and contrast with the extensive conversation analytic literature on emergency calls that has demonstrated the ways in which the interactions in the calls are recurrently routinized as a central feature of the institutional operation of emergency medical call centers. Moreover, since the practices we examine occurred recurrently in our data in calls that involved reports of emergencies relating to child sexuality, our findings contribute to and extend genealogical research on discourses of childhood and sexuality, demonstrating how the moral features of these discourses may be oriented to and thus reproduced in and through the fine-grained details of talk-in-interaction (see also Bergmann 1998, Luckmann 2002). We thus turn first to brief discussions of each of these bodies of literature in which our findings are situated.

2. Emergency medical call centers and the routinization of disaster

Emergency medical call centers occupy a central space in the provision of medical services to the public. The actors consist of call-takers, dispatchers and paramedics, among various other administrative staff. Call-takers serve as the first point of contact in an institutional process that may (although does not always) progress from a reported incident to the dispatch of an ambulance (Zimmerman 1992). Call-takers thus constitute an interface between the reported particulars of incidents and their conversion into ratified medical emergencies upon which further institutional action can be based. This process of producing ratified medical emergencies is implemented primarily through telephonic interactions between the call-taker and the caller, who may be an ordinary member of the public, or an employee of another (e.g., general emergency services) call center who has received a report from a member of the public and is passing it on to the emergency medical services call center.

Whalen, Zimmerman and Whalen (1988, 342) describe "a distinctive organization of sequences" that characterizes the overall structural organization of emergency calls: (1) opening/identification, (2) request, (2a) interrogative series, (3) response, and (4) closing. As is the case with other forms of institutional interaction, each of these phases of the call is constituted by what Drew and Heritage (1992, 26) call a "fingerprint", consisting of "a set of institutional practices differentiating each form both from other institutional forms and from the baseline of mundane conversational interaction itself." These practices are designed to facilitate the institutional goal of efficiently dispatching

appropriately informed medical teams – a task for which minimizing the time taken to complete the call while gathering information about the details of the emergency are important elements (see, e.g., Whalen and Zimmerman 1987, Garcia and Parmer 1999).

In order to collect the information required to accomplish this goal, call-takers must routinize events that are potentially catastrophic for those involved (Whalen and Zimmerman 1998). As Whalen and Zimmerman (1998, 143) note, “the event that occasions a call for emergency assistance is usually an extraordinary experience for the caller, but it is a routine, everyday experience for the professional charged with responding to those calls.” The process of translating these extraordinary experiences into routine and institutionally actionable events is facilitated by the specialized sequential organization of the calls described above, which serves as a structural resource through which call-takers can work to maintain this routinization, even in the face of disruptive emotional displays by callers (Whalen, Zimmerman, and Whalen 1988, Tracy and Tracy 1998, Whalen and Zimmerman 1998). Consistent with these findings, the participants in our data routinely collaborated in producing a range of emergencies as ordinary occurrences, despite the fact that these incidents might be treated in everyday life (outside of the workings of the institution) as extreme or remarkable (cf. Rasmussen's [2016] discussion of "professional" versus "ordinary" participants' interactional practices; also see the analyses of ordinary conversational practices of normalization provided by, e.g., Sacks [1992], Jefferson [2004a], Norrick [2005]).

A prototypical example from our data of the sequential organization of this routinization of disaster can be seen in Excerpt 1a below, in which the caller is an

institutional professional from the "107" general emergency call center, who is calling to pass on the details of a medical emergency to the emergency medical services (EMS) call center that employs the call-taker.[1]

Excerpt 1a [2011031310403]

```
1     107:  Mapule >one oh seven< I've got a:: medical here.
2           (1.0)
3     EMS:  Okay what's your medical?
4           (0.8)
5     107:  U:h:: it's a: three year old boy,
6           (1.0)
7     EMS:  What is ↑wrong with him?
8           (1.0)
9     107:  They query: fractured left leg, (.) he was=uh he ↑slipped
10          while playing.
11          (0.8) ((typing sounds))
12    107:  Slipped and fell.
13          (11.2) ((typing sounds))
14    EMS:  Where's this?
15          ((call continues))
```

Following the (non-transcribed) receipt of the call and institutional identification by the call-taker, the caller identifies herself as a 107 professional and indicates that she has a medical emergency to report (line 1). As the call unfolds, the call-taker asks a question designed to elicit information about the emergency (line 2), with the caller's

responsive provision of details of the patient's age and gender (line 5), even though the call-taker has not explicitly solicited them, serving to treat these details as systematically institutionally relevant. This is followed by a second question by the call-taker, designed to elicit more specific information about the patient's condition, to which the caller responds by providing details of a suspected injury (line 9), along with further unsolicited information about the cause of the injury (lines 9-10 and 12), which again serves to treat these details as institutionally relevant. Also noteworthy here is the way in which caller's use of technical terminology in reporting, "They query: fractured left leg" (rather than, for example, "They think he might have a broken leg"), further displays her orientation to the institutional character of the call (see, e.g., Schegloff 1992). A similar institutional orientation on the part of the call-taker is evident in her tacit alignment with the proposed relevance of the information provided by the caller through her apparent recording thereof during the pauses at lines 6, 8, 11 and 13, as well as in her indication of the successful completion of this phase of the call by moving to a question about the location of the emergency (line 14). The information gathering process is thus conducted smoothly and efficiently, with the routinization of the incident as an "ordinary" emergency thus accomplished through the details of its sequential unfolding (also see Wakin and Zimmerman 1999).

While the telephonic interaction between the call-taker and caller is central to the workings of emergency call centers, another critical element is the document, known as the "dispatch package" (Zimmerman 1992, 420) or "incident record form" (Kameo and Whalen 2015, 207). This document, which is electronically captured in textual form by

the emergency center call-taker based on the information provided by the caller, includes information about the nature and location of the emergency along with potentially medically relevant details of the patient. The dispatch package is thus a key document in the conversion of a real life (and death) experience into a technical, institutionally recognizable format that can serve as the basis for further action, since it is the information in this document that produces a particular incident as an actionable emergency. The dispatch package can thus be examined as a site where the institution is systematically reproduced in written format (Kameo and Whalen 2015), such that deviations from institutionalized recording practices alert us to the pursuit of extra-institutional agendas and thus contribute to the situated production of emergencies as extraordinary.

The dispatch package for the call shown in Excerpt 1a (see Excerpt 1b below) demonstrates how the call-taker captured the details of the incident, including the institutional categories within which the incident has been placed ("Trauma – Accidental Injury – Domestic"), the patient's age and gender, a short-hand notation for fracture ("#") and a description of the incident that led to it, as well as a medical history ("meningitis") provided by the caller (not included in the above excerpt from the call). In addition to confirming the call-taker's treatment (as noted above) of these details as institutionally relevant, the short-hand methods of capturing information shown in Excerpt 1b are characteristic features of our data, further reflecting and contributing to the institutional goal of efficient service delivery.

Excerpt 1b [2011031310403]

Incident Type Description

Trauma – Accidental Injury – Domestic

Incident Description

M 3 YRS ? # LEFT LEG SLIPPED & FELL MENIGITIS PT

It is important to note that although this collaborative routinization of emergencies serves the institutional goal of efficiency in service delivery, with the underlying aim of saving human lives, conversation analytic research reminds us that these outcomes are nonetheless contingent achievements that are accomplished only insofar as the participants continue to "talk them into being" (see, e.g., Drew and Heritage 1992, Whalen, Zimmerman, and Whalen 1988). With this consideration in mind, we examine in our analysis below the ways in which, when dealing with cases of child sexuality, the institutional professionals in our data recurrently employed practices that indicate an extra-institutional moral agenda, thereby treating them in the sequential unfolding of the calls as extraordinary rather than routinizing them.

3. Childhood and sexuality in modern society

The category of the child has been recognized as holding a particularly important place in modern society, including in the modern South African context in which our study is situated (see, e.g., Bowman 2010, Rafaely 2017). Children are thus seen as "a symbol for all that [is] good and sacred" (Bowman 2010, 460), and a vulnerable group in need of special protection from various forms of exploitation and abuse (see, e.g., Holzscheiter

2011). A number of authors (e.g., Aries 1962, Kincaid 1992, Stephens 1995) have demonstrated that the conceptualization of the child as a citizen with inherent rights is a relatively new one, typically informed by other constructs of modernity, such as the importance of individuality and the central role of the family in society. Indeed, historical accounts suggest that children were previously seen merely as preludes to their adult selves, and thus as largely socially irrelevant until reaching adulthood (but see Cunningham 2005). The category of the child as it is currently conceptualized is thus a construction that corresponds to the beginning of the secularization of medieval and agriculturally-based societies (Aries 1962), in which governance derived power from regulating citizens, specifically through "the health and welfare of children and the sexual and reproductive activities of its population" (Bowman 2010, 447). As the literature on language socialization (e.g., Duranti, Ochs, and Schieffelin 2012) has demonstrated, the production and reproduction of these modern conceptions of the child can be observed in interactional exchanges, in which talk about and to children positions them in terms of, and socializes them into, particular socially and culturally informed ideals of childhood.

Concurrently with the emergence of the child as a special category, human sexuality became "carefully confined" to "the legitimate and procreative couple" (Foucault 1978, 3), with its function being constructed as purely reproductive. As such, sexuality enacted with a "child" (i.e., a person seen as biologically and sexually immature) would not serve any reproductive purpose and is thus seen as deviant and therefore morally sanctionable. The child therefore represents the product of (regulated)

sexuality and symbolically represents the perpetuation of the population (Aries 1962, Foucault 1978).

The role of the child in modern society provides for state-mandated protection of children through a plethora of institutional mechanisms that further reinforce and reproduce their status as incumbents of a special category of person. Thus, various social institutions, such as the educational, legal and health systems have contributed to the (re)production of the institutional reality of modern childhood as a distinct life stage which has come to be pervasively treated as an *a priori* fact (Aries 1962). Through these same mechanisms, children are constructed as belonging to the state, beyond their belonging in a particular family, and thus the state (and all its citizens) may be seen as custodians of their innocence and well-being, and morally bound to their protection.

Paradoxically, however, the legal and social constraints around the enacting of sexuality with children serve to construct the child as an entity in which inheres a certain type of sexuality – qualitatively distinct from that of the adult – while at the same time necessitating the control and management of this sexuality, thereby legitimizing relevant "interventions in the lives of children as necessary for their best interest and protection" (Egan and Hawkes 2008, 356). In modern society, while it is difficult to deny the sexual nature of the child due to the psychologization of infantile and childhood sexuality (see, e.g., Freud 2014 [1908]), there is an uncomfortable tension in that expressions of this sexuality, particularly those involving sexual exploitation of children, may be taken to indicate a breakdown of the moral order (Bowman 2010, Kincaid 1992). In the South African context in particular, this set of moral concerns is amplified by a combination of

relatively high and widely reported rates of sexual violence, including rape, perpetrated against children (see, e.g., Mathews and Benvenuti 2014, Seedat et al. 2009).

While the foregoing discussion considers the historical emergence of the status of the child, and of child sexuality in particular, while offering a broad view of their current instantiations, our analysis below considers these phenomena at a more fine-grained level. That is, in contrast to legal and macro-level discourses, or "discourses with a capital D" (Alvesson and Karreman 2000, 1127), that situate the child as a special category of person, we consider how locally-situated, collaboratively produced orientations to these moral discourses can occur on a moment-by-moment, turn-by-turn basis, thereby revealing some mechanisms by which they can be reproduced in everyday interactional settings such as emergency call centers. Specifically, we demonstrate how child sexuality, and particularly sexual violations of children, become a recognizable and accountable reason for the pursuit of extra-institutional moral agendas, even when they may hinder the institutional goal of efficient information gathering in the call at hand and/or as a result of delaying the call-taker's ability to take the next upcoming call.

4. Data and method

Our analysis is based on 178 emergency calls recorded between 2010 and 2013 and provided by the Western Cape (Cape Town, South Africa) division of Emergency Medical Services (EMS) – a government-run service. Our analysis focuses on the approximately 55 percent of these calls that (as in Excerpt 1 above) involved interactions between call-takers employed by the emergency medical services call center and callers

from the "107" general emergency call center. This general emergency call center receives calls related to a range of emergencies and redirects them to type-specific call centers (medical, police, fire, etc.), with these calls thus involving interactions between two institutional professionals. Our initial examination of these calls revealed that they typically exhibit a heightened orientation (relative to calls involving members of the general public, and as demonstrated by Excerpt 1) on the part of both participants to the institutional agenda of efficient information gathering[2], a familiarity with the procedure to be followed, and a displayed awareness of what information is required in the dispatch package. Due to the recurrently seamless collaborative production of emergencies as routine events, the presence of departures from this orientation, which occurred in a total of 11 calls in the data set, constituted noteworthy deviations from the strictly institutional agenda adhered to in the remainder of the calls. As noted above, a striking feature of such departures in our data was that they occurred recurrently in calls relating to emergencies that involved child sexuality – specifically in calls involving reports of sexual assaults against children and obstetric emergencies where the mother was particularly young. That is, such calls were the only ones in our data in which explicit and sustained orientations agendas other than those of the EMS institution were displayed by one or both of the participants. As such, by closely examining the features of these calls, our analysis identifies ways in which alternative social and moral agendas, and particularly those relating to the category of the child, can be reproduced in emergency calls.

In analysing the spoken interactions in the calls, we utilize conversation analytic techniques, aided by detailed Jeffersonian transcripts (see Jefferson 2004).[3] Conversation

analysis (CA) offers a fine-grained and empirically grounded method of analysing talk-in-interaction based on the sequential unfolding of interactions (see, e.g., Schegloff 2007a). This approach allows for examination of the turn-by-turn production and renewal of the context of interactions, showing how an institution can be reproduced or departed from through talk that orients to or deviates from its normative expectations (Heritage 1984, Drew and Heritage 1992). This method is thus appropriate to an analysis that seeks to demonstrate the observable practices through which an institution is produced, as a basis for evaluating the systematic practices by which extra-institutional agendas are oriented to by participants. In addition, CA offers analytic resources for examining participants' orientations to membership categories (see, e.g., Schegloff 2007b) – most centrally, for our purposes, the category of the child, along with other intersecting or otherwise relevant categories that appeared in our data.

Our analysis of the calls is supplemented by examination of excerpts from the accompanying dispatch packages, which are completed by the EMS call-takers based on the verbally conveyed information they receive from the 107 callers and transmitted to an ambulance dispatcher, who uses them to assess whether an ambulance is warranted, and if so, what equipment and skills will be required. As noted above, the dispatch package serves as an official record of the call in institutionally actionable textual format, and the form that is used for the dispatch package is structured in such a way as to enable efficient service delivery. Recording practices that observably deviate from this purpose can thus be examined for how they serve extra-institutional functions. We therefore examine the textual features of the dispatch package in conjunction with the talk

produced in the associated call, for how these can jointly serve not merely to describe an emergency, but also to produce realities that are key in the accomplishment of different types of emergencies, and the social and moral orders they reflect and reproduce (also see Kameo and Whalen 2015).

5. Analysis

In the first call we examine, the transcript of which is shown in Excerpt 2a below, the participants collaborate in explicitly treating the pregnancy of a 13 year old "girl" as a clear and unequivocal moral breach, producing a series of assessments implicating it as such during the course of the call, with a number of more subtle displays of extra-institutional orientations also being evident.

Excerpt 2a [2013011910255]

1	107:	Marlene one oh seven I've ↑got a thirteen year old uh girl
2		who's pregnant with labour pains.
3		(0.2)
4	EMS:	Okay. hh U:h: did her water ↑break?
5		(.)
6	107:	Not yet.
7		(.)
8	EMS:	Okay no ruptured membrane,
9	107:	Mm mm.
10	EMS:	Uh hm ((clearing throat)) °Okay,° uh:: Marlene, give me our-
11		wha- how old is she?

107: pt .hh One three.
EMS: One=three.
(.)
EMS: One three?
107: One (.) three.
(.)
EMS: °Yoh!° hh Uh: what is the initial and surname?
((One minute and 30 seconds omitted while call-taker gathers further details))
EMS: I already notified the dispatcher, (.) I just [can't]
107: [(°Mm.°)]
EMS: believe it's a thirteen year old chi:ld [that's pregnant.]
107: [.hhhh]
Godwin, heh my friend, I don't know. hhh .hh die laaste daae (moet by wees.) ((Afrikaans for "The last days must be near"))
(0.4)
EMS: (Ja nee.) ((Idiomatic Afrikaans expression meaning "yes and no"))
(1.0)
EMS: °Okay,° (0.2) hold one moment,
(6.0)
EMS: U::[m:]
107: [↑Ag,] but this is what the ↓Bible says, "in last days things- these things will happen." .hhh
EMS: I:: [don't know]
107: [Kinders sa]l kinders baar. ((Afrikaans for "Children

37 will bear children"))
38 (0.8)
39 EMS: Uh:: uh uh uhh huh! ((chuckle)) .hh Uh: $your reference
40 number is two zero one double four.$

In this excerpt, the caller begins by identifying herself as a 107 caller, and then offers a characterization that identifies the incident she is reporting as an obstetric emergency (lines 1-2). In this opening turn, she displays some hesitancy in selecting an appropriate reference term for the patient, as she offers the patient's age ("a thirteen year old") before hesitating ("uh") and then referring to her as a "girl" – a term that may serve to treat her as a child, although it can also be used in everyday language to refer to female adults. This hesitation may subtly indicate a self-repair, with the caller initially having been headed toward the use of a different reference term than the one she eventually arrived at (see, e.g., Drew, Walker, and Ogden 2013, Schegloff, Jefferson, and Sacks 1977). Alternatively, it may indicate a "word search," with the caller interrupting the progressivity in her turn in order to search for an appropriate reference term without initiating repair (Schegloff, Jefferson, and Sacks 1977, Schegloff 1979). While the evidence available in this case for either of these possibilities is inconclusive, the production of the hesitation just prior to this reference suggests potential trouble or delicacy in the selection of this reference term (Lerner 2013). Together with the caller's emphasis on the word "pregnant" in reporting the nature of the emergency (line 2), this may be evidence for an orientation on her part to the incongruence of a child-patient

being engaged in the adult activity of giving birth (cf., e.g., Jayyusi 1984, Schegloff 2007b).

Following a brief pause (line 3), the call-taker displays acceptance of the caller's characterization of the emergency ("Okay") before, after a slight hesitation, asking, "did her water ↑break?" (line 4). This question signals the onset of the interrogative series (Whalen, Zimmerman, and Whalen 1988), and thus displays the call-taker's orientation to the institutional task of information gathering. However, taken together with the pause preceding his turn and his hesitation prior to asking this question, the call-taker's use of the non-technical term "water break" may signal a subtle orientation to extra-institutional matters. That is, following Drew and Heritage's (1992) analysis of technical terminology as evidence for speakers' institutional orientations, the use of a non-technical term may suggest some equivocality in the call-taker's institutional orientation in this turn. It is noteworthy that the call-taker subsequently, following the caller's negative response in line 6, shifts to the use of the equivalent technical, medicalized term "ruptured membrane" in registering the caller's response (line 8). This may signal a shift back to a strictly institutional orientation by the call-taker[4], but may also indicate that the earlier use of the non-technical "water break" was recipient designed (Sacks, Schegloff, and Jefferson 1974) for the caller, who the call-taker may thereby have been treating as potentially unfamiliar with the alternative technical term.

While the evidence for extra-institutional orientations on the part of the participants up to this point in the call is thus subtle and inconclusive, it subsequently becomes highly explicit over an extended series of turns as the call unfolds, with the call-

taker and caller collaborating in directly assessing the emergency, and thereby collaboratively departing from the institutional agenda and treating the emergency as worthy of extra-institutional moral evaluations. The first of these assessments is produced following an expanded information-gathering sequence beginning in line 11, in which the call-taker asks the patient's age (despite the caller having previously stated it, as noted above) and repeats the caller's response to confirm a correct hearing (lines 12-13), before (following a slight pause at line 14) seeking further confirmation by repeating the response again, this time with questioning intonation (line 15). After again receiving confirmation of the correctness of the hearing (line 16), and following another short pause (line 17), the call-taker softly says "Yoh!" – a word used in South Africa to assess as remarkable something that has just been said or done. After gathering further details relating to the emergency, the call-taker informs the caller in line 19 that the dispatcher has been notified (thereby signalling that the main institutional task at hand has been completed), before again, and even more explicitly, expressing disbelief about the age of the patient ("I just can't believe it's a thirteen-year-old child that's pregnant" – lines 19 and 21). His use of the category "child" in contrast with the activity "pregnant" reinforces the incongruence to which the caller was apparently oriented earlier in the call, while more explicitly treating the category-activity mismatch as the basis for the assessable nature of the emergency.[5]

In response, the caller produces an aligning and upgraded assessment, invoking a religious account by suggesting (in the Afrikaans language) that this is a sign of "die laaste daae" ("the last days") approaching (lines 23-24). In light of the official language

of the call center being English, and together with the caller's use of the familiar "my friend" (lines 23) in addressing the call-taker, this switch to Afrikaans appears to further signal the shift from the institutional work they have done earlier in the call to what they are now doing as assessors of the common-sense morality they are treating as having been breached (cf. Gumperz 1982; also see McCormick's [2002] analysis of code-switching and code-mixing involving bilingual English/Afrikaans speakers in the Cape Town area).

Following a pause and an equivocal response from the call-taker (lines 26-27), and two further silences (lines 29 and 31) punctuated by a request from the call-taker to "hold one moment" (line 30), the caller pursues agreement from the call-taker by repeating this religious account more explicitly, claiming that "this is what the ↓Bible says, 'in last days things- these things will happen'" (lines 33-34) and thereby producing the strongest assessment yet of the incident at hand as an extreme or remarkable one. While a moral undertone has been present in the assessments produced prior to this, the caller's introduction of a religious discourse more explicitly displays a moral evaluation that proposes sexuality in children as an unacceptable but pervasive feature of pre-apocalyptic anomie. In addition, the formulation "these things" treats this as an instance of a more general class of incidents, and thereby as an exemplar of the broader kind of moral breakdown implicated in the religious account.

After the call-taker begins another apparently equivocal response (line 35), the caller speaks in overlap (and again in Afrikaans) to elaborate on this account, specifying what "these things" means by specific reference to the emergency at hand ("children will

bear children" – line 37) and thereby again treating the incongruence between the age of the patient and her status as pregnant as the basis for her apocalyptic assessments. After another pause (line 38), the call-taker laughs, treating the caller's dire predictions as non-serious and thereby continuing his pattern of declining to agree with the caller while also not openly disagreeing. The call-taker then returns to an institutional orientation by providing a reference number (lines 39-40), thereby moving to close the call.

In this case the dispatch package (see Excerpt 2b below) contains no indication of the incident as extraordinary or morally implicative: it describes the patient as a female ("F") and records her symptoms using medicalized language. As noted above, this use of technical terminology contributes to the efficient recording and transmission of institutionally relevant information about the emergency. The call-taker thus does not display his orientation toward a moral breach in the dispatch package, but rather maintains an institutional format despite departing from it in the verbal interaction. This demonstrates a circumscribed sense in which this orientation to extra-institutional morality occurs, relative to cases where it is evident in both the call and the dispatch package, as demonstrated in Excerpt 3 below.

Excerpt 2b [2013011910255]

Incident Type Description

Obstetric Complaint

Incident Description

F 13... RONDA... 7 MONTHS PREG LABOUR PAINS NO RUPTURES MEMBRANE

In Excerpt 3a, the participants produce a similarly complex and extended series of departures from the institutional agenda, in dealing with a case of the rape of a child.

Excerpt 3a [2013010110238]

1 107: Hi: Denise: complainant u::h reporting a:::: (h .hh) (.)
2 chi:ld abuse or (a) rape.
3 (1.2)
4 EMS: Child abuse, (.h) u- um w- what is the person:’s ↑name?
((62 seconds omitted while call-taker gathers name, telephone number and address of complainant and confirms 107’s name))
5 EMS: .h How old is the:: um[::]
6 107: [Th]ey say it’s a female three years
7 o::ld,
8 EMS: Sh::::: (0.7) three yea:rs,
9 (1.0)
10 107: U:h the child was lost last night in the Moneen a:rea,
11 (0.5) and they found the chil:
12 (1.0)
13 EMS: Mm:?
14 (0.2)
15 107: U:::h >but then they said there’s like< ↑spe:rm coming out
16 of her vag↑i:na,
17 (1.0)
18 107: and >the child is< n- (.) not well at a:ll,
19 (0.5)
20 EMS: So they found (1.0) [baby?]

21 107: [(At-)] Ja, that was lost, .h last
22 night in Moneen,
23 (1.0)
24 EMS: (M[m hm?)]
25 107: [The po]l↑ice found the chi:ld,
26 (.)
27 107: Cos they were looking for the child ( )
28 (0.2)
29 EMS: [A::n:d]
30 107: [Reported m]issing or so:mething,
31 (2.2)
32 107: Bu:t the caller says he knows who the suspect ↑is and that
33 I've already informed the police, [.hh] but I told them I
34 EMS: [Mm?]
35 107: must inform the ambulance as well.
36 EMS: Okay. .hh U::m:: ooh that's (very/really) terrible ↑hey?
37 107: Mm.
38 EMS: U::m, (1.2) I just wanna: (3.7) So the police i- is there
39 with her. <At the mo[ment?]
40 107: [(K-)] The police are going out there
41 no:w. ((continues))

The excerpt begins with the caller, in response to the (non-transcribed) call-taker's opening turn of the call, describing the nature of the emergency. In this description, the caller displays an orientation to his institutional work with the use of the technical term "complainant" (line 1), while also orienting to the sensitive nature of the incident with his

hesitations ("a::::" followed a pause in line 1) immediately before his description of the incident as a "chi:ld abuse or (a) rape" (lines 1-2), which together serve to display the care he is taking in choosing how to formulate the incident.

In her response, the call-taker repeats the first of the two categories offered in the caller's categorization of the incident ("child abuse"), thereby ratifying it as institutionally relevant information, but does not repeat the second (more severe and specific) category he has provided ("rape"). As she continues her turn, the call-taker displays difficulty in formulating a question relating to the patient's name, and it is possibly noteworthy that in her eventual formulation of the question she refers to the patient using the generic, age-neutral category "person" rather than using the age-specific category ("child") made available by the preceding categorization of the incident as "child abuse".

Following the (non-transcribed) provision of the caller's details and location, the call-taker begins to ask a question, "How old is the:: um::" (line 5) in which she hesitates just at the point at which a reference to the patient was projected, stretching the word "the::" and producing a stretched "um::", and thereby displaying difficulty (in contrast to her abovementioned use of the generic category "person") in finding an appropriate reference term. Ultimately the call-taker never produces a reference term as the caller speaks in overlap with the stretched "um::", projecting where the call-taker's question was headed and answering it before the call-taker finishes producing it. The caller's answer (line 6) includes the gender ("female") and age ("three years old") of the patient,

thereby displaying an orientation to the institutional relevance of this information by providing more than what the call-taker has explicitly asked for.

The call-taker responds in line 7 with a prolonged sound designed to display disbelief ("Sh:::::"), followed (after a pause) by the repetition of the words "three years", thereby specifically displaying what it is that she was assessing as remarkable in her prior response. This response offers the first strong evidence in the call for an orientation to an extreme moral breach, while treating this breach as being specifically linked to the age of the patient, and implicitly linked to the nature of the incident. This assessment of the incident clearly works against the institutional efficiency imperative, temporarily halting the information-gathering trajectory and thereby demonstrating the pursuit of an extra-institutional agenda by the call-taker – although the caller has not shown any orientation toward collaborating with this alternative agenda up to this point in the call.

Following a pause (line 9), the caller continues to adhere to a strictly institutional agenda, providing additional information about the incident (lines 10-11). However, there is a subtle shift in the caller's orientation, evident in his reference to the patient as a "child" (lines 10 and 11), in contrast to his prior reference to her as "female three years old" (line 6). The caller and call-taker then collaborate in maintaining an institutional orientation over the next several turns, with the caller pausing after providing this information (line 12), the call-taker prompting him to continue (line 13), and the caller providing further details (lines 15-16, 18), punctuated by pauses that allow the call-taker to record them (lines 17 and 19). However, the caller again uses the category "child" (line 18), and the rapidity of his talk in the part of his utterance in which he does so provides

possible evidence of an orientation to the delicacy of what he is describing (cf. Lerner 2013, Bergmann 1992). Further evidence for such an orientation is provided by his prior changes of pace in the course of describing the details of the patient's condition. This is shown in his production and stretching of the word "U:::h" (line 14) at the onset of this description, followed by his rapid production of the subsequent words, with this rapid delivery stopping as he reaches the first crucial word "↑spe:rm" (line 14), which, along with the second crucial word ("vag↑i:na"), he produces at a raised pitch and with slight stretching. Further hesitations can be seen in the caller's talk as, continuing his description of the patient's condition in line 18, he repairs after "n-" and pauses briefly before restarting and completing the formulation "not well at a:ll", which serves to describe the condition by reference to what it is *not*, rather than what it *is*. This may thus serve as a way of avoiding a more direct formulation of further details of the patient's condition, even though such details might be medically relevant.

The call-taker responds to this turn by asking a question regarding the discovery of the patient (line 20), referring to her in the process as a "baby" (line 19), following a substantial pause signalling her search for an appropriate term. The term "baby" indicates a heightened orientation to the (young) age of the patient, in contrast even to the caller's description of the patient as a child, and may thus serve to display an orientation to the patient as being situated at an extreme position in terms of age category and the possible attributes associated therewith (see Schegloff 2007b). In response, again punctuated by institutionally-oriented pauses (lines 23, 28 and 31) and prompts from the call-taker (lines 24, 29 and 34), the caller partially repeats some details of the incident, while also

providing further details accounting for the involvement of the police (lines 25, 27, 30, 32-33 and 35). In producing this account, the caller displays an orientation to his institutional duty of reporting the incident to the police, provides potentially institutionally relevant information regarding the police having already been informed, and situates the emergency in the category of "crime". In addition, however, the caller refers to the patient as a "child" on two further occasions (lines 25 and 27), and it is also noteworthy that he mentions the perpetrator of the incident (line 32). In some cases the identity and/or ongoing presence at the scene of an emergency of a perpetrator may be relevant information for a medical or service-oriented institution – for example, when the perpetrator constitutes a potential threat to the safety of the personnel to be dispatched to the scene or of others at the scene. However, identifications of perpetrators that do not observably provide institutionally relevant information may constitute departures from the institutional agenda that may hinder the efficiency of the exchange. In this case, the reference to the perpetrator does not appear to be designed or oriented to as offering institutionally relevant information, particularly given that the caller reports that he has "already informed the police" (line 33), thereby displaying that the information has been delivered to the institution for which it *is* clearly relevant. As such, the caller's mention of the perpetrator in this case may be designed to assure the call-taker that the process of apprehending the perpetrator is already underway and thus that the extreme moral breach that has been committed is being addressed by the legal system. It is also possibly significant that the caller uses first person references ("I've" and "I") three times on line 33, which, in contrast with the more typical use of "we" when referring to oneself as an

institutional agent (see Sacks 1992, Whalen and Zimmerman 1990), may suggest an orientation to a sense of a personal moral duty that goes beyond his institutional responsibilities.

In her following turn (line 36), the call-taker more directly takes a moral stance, as she produces an explicit assessment of the incident as the caller has described it ("ooh that's (very/really) terrible"). In addition to this treatment of the incident as an extreme moral breach, the call-taker's production of a tag-question ("hey?") following her assessment also invites the caller to align with her in this regard (Heritage and Raymond 2005), which the caller does in line 36 when he produces a weakly affiliative "Mm" (line 37). This signals the last deviation from the institutional agenda in the call, as the call-taker goes on to request confirmation of the accuracy of her understanding of whether the police are at the scene (lines 38-39), and the caller aligns with this return to the institutional agenda by correcting the call-taker's presupposition regarding the police (line 39), before the call continues to its eventual completion.

Unlike in the previous excerpt, the dispatch package for this call (Excerpt 3b) provides significant further evidence for the call-taker's treatment of the incident as constituting an extraordinary, and specifically morally implicative, emergency. In this case, the dispatch package shows the call-taker's re-formulation of the caller's description of "sperm coming out of her vagina" (lines 14-15) to "sperm coming out", thereby omitting the explicit reference to female genitalia to convert the description into an indirect one (also see Bergmann 1992). This constitutes the only case in our data in which a shift away from rather than toward technical terminology is produced in

transferring the talk from a call into the dispatch package, thereby offering further evidence for the call-taker's sustained treatment of this event as particularly extreme.

Excerpt 3b [2013010110238]

Incident Type Description

Trauma – Assault – Sexual

Incident Description

Female 3yrs

child was lost lastnight ...

so she they found child and sperm coming out

Having examined some cases in which participants' orientations to extra-institutional agenda become unequivocally and sustainedly apparent, we now consider two more equivocal "boundary cases" (Schegloff 1997) in which the evidence for extra-institutional orientations is more subtle, and the emergencies being reported are also apparently less extreme in nature than those shown above. Through the specific ways in which they contrast with the previous excerpts, these cases provide further evidence of the particular importance of the intersections between childhood and sexuality as accountable bases for departures from a strictly institutional agenda. Specifically, the first involves a case of sexual assault (but not against a child, as was the case in Excerpt 3) and the second involves child sexuality in the form of a teenage pregnancy (but with a substantially older patient than was the case in Excerpt 2). Turning first to Excerpt 4, we see the caller and call-taker collaboratively producing a description of the injuries

suffered by a suspected rape victim without mentioning them directly nor using medical terminology in doing so.

Excerpt 4a [2013010110410]

```
1     EMS:  It's a query rape=eh but what happen- uh what uh
2           [what's wrong now?]
3     107:  [  She's just shou]ting "aina, aina, aina."
4           (0.8)
5     EMS:  So (is-) that means it's eh::
6     107:  This gu- lady says that it looks as if she was raped
7           because u:m: (0.8) she's showing ↓down there.
8           (6.5)
9     EMS:  (°Okay,°) hold on for a reference please.
```

In line 1 the call-taker repeats the technical term ("query rape") that the caller has previously (in a non-transcribed section of the call) used, before struggling to formulate a question designed to elicit more specific details of the nature of the injuries, repairing from "what happen-" (line 1) to "what uh what's wrong now?" (lines 1-2). The caller projects the design of the question prior to the call-taker's completion of the second version of it, responding in overlap with a description of the victim's actions that indicates some kind of painful injury without specifying its exact nature (line 3). In line 5 the call-taker again requests further details, initially apparently beginning to formulate the upshot of the caller's description, saying "So" (see Raymond's [2004] analysis of the use

of "so" in formulating an upshot), before repairing to “that means it’s” – which similarly projects a statement of the upshot of the specific implication of the caller’s description. The call-taker does not finish this formulation, however, delaying its production by producing a stretched “eh::” at just the point at which the production of a specific descriptor was projectably due, and thereby providing a place at which the caller could come in again to complete the description (see Lerner's [2013] analysis of the use of hesitation as a mechanism providing for the collaborative production of delicate formulations). The caller then offers a further description of the victim’s actions (“she’s showing ↓down there”), distancing himself from the description by attributing it to the member of the public who reported the emergency to the 107 line (line 6), and preceding it with a stretched “u:m:” and a 0.8-second pause (line 7). Thus, in addition to distancing himself from this formulation, he displays reluctance to produce it by delaying it and using the euphemistic term “down there”. The caller collaborates in the use of this euphemistic term, treating it as sufficient by, following the customary pause to record the information the caller has provided (line 8), moving toward closing by asking the caller to await a reference number (line 9).

The participants’ joint orientation in the verbal interaction to the need for delicacy in formulating the description thus indicates their treatment of the specific details of the emergency being reported – a suspected rape accompanied by apparent injuries and severe pain to the victim’s genital area – as a morally contingent affair, which they manage through the use of non-institutional terminology that serves to avoid directly naming or describing the location and details of the injuries. It is important to note,

however, that the call-taker converts the euphemistic formulation "she's showing down there" into the medicalized "servere [*sic*] PV bleeding" in the written description of the incident (see Excerpt 4b below). As a result (similarly to Excerpt 2), the treatment of the emergency as a delicate matter is limited to the verbal exchange in the call rather than also being produced in the dispatch package, with the language used in the dispatch package thereby being oriented to efficiency rather than morality.

Excerpt 4b [2013010110410]

Incident Type Description

Trauma - Assault – Sexual

Incident Description

FEMALE

20 YRS -----? RAPE------ SERVERE PV BLEEDING --- SAPS INFORMED

The final case, shown in Excerpt 5a, involves a report of a 15-year-old "lady" (cf. the caller's use of "girl" to refer to the 13-year-old patient in Excerpt 2) who is in labour and requires an ambulance transfer to the hospital at which her delivery has been pre-booked. This report is produced near the end of the call, after the call-taker has recorded the telephone number and address associated with the incident.

Excerpt 5a [201212261055]

1 EMS: It's a maternity?

2 107: .hh Ya. U:m:: lady's name is: Lulando? She is fif↑teen

3 years of age, first pregnancy, .hhh ↑term, water broke,

```
4            booked for ↓Delta.
5            (20.2) ((typing sounds))
6      EMS:  One zero double five.
```

In line 1 the call-taker, having earlier in the call been informed that the incident being reported is a maternity case, requests confirmation of this category. In response, the caller provides confirmation and goes on to offer a range of further details (lines 2-4), thus orienting to an institutional efficiency imperative by providing medically relevant information in a slot available to do so, but without this information having been explicitly requested by the call-taker. Consistent with this orientation to efficiency, the caller delivers the information using concise formulations in a list format. However, it is noteworthy that her production of the age of the patient includes emphasis on the first syllable of "fifteen" and a rise in pitch on the second syllable, which may be subtle evidence of an orientation to this age as remarkable. Unlike the excerpts discussed above, this possible extra-institutional orientation is fleeting, and is not taken up by the call-taker nor clearly oriented to by either participant at any subsequent point during the call. Instead, the call-taker collaborates in the efficient movement through the call by recording the information the caller has provided during the pause at line 5, and providing a reference number (line 6) without asking any further questions, thus treating the information as clearly delivered and fully adequate for the institutional purpose at hand. Also noteworthy in this regard is the call-taker's conversion of the lay term "waters broke" provided by the caller (line 3) into the medicalized "*RUYPT MAMBRAIN*" (*sic*) in

the dispatch package, thus again (as in Excerpts 2 and 4) indicating an orientation to institutional efficiency rather than everyday morality.

Excerpt 5b [201212261055]

Incident Type Description

Obstetric Complaint

Incident Description

15 YRS TURM BKD DELTA RUYPT MAMBRAIN LAB PAINS JOANNA 107

While the evidence for extra-institutional orientations on the part of the participants in Excerpts 4 and 5 is thus equivocal, the common features they share with the more explicit cases shown in Excerpts 2 and 3 are suggestive of a possible subtle moral undertone in these interactions. To the extent that this is the case, these excerpts reciprocally offer further evidence for the particular moral weight carried by the intersecting and unequivocal breaches in terms of both sexuality and childhood that are oriented to by the participants in the earlier excerpts.

6. Discussion and conclusions

In the unfolding of the interactions we have examined, we see recurrent negotiation of the concurrent and sometimes competing demands of completing institutional tasks directed at providing a service, versus reflecting on the extreme nature of the emergencies at hand and the moral breaches they represent. This throws into relief the degree to which the routinization of emergencies as “ordinary” is an ongoing interactional accomplishment

that requires constant collaborative effort to produce and maintain in the face of incidents that may be treatable as anything but ordinary (Clayman and Whalen 1988). Emergencies are thus produced as routine through the use of institutional language, including goal-oriented talk that utilizes medical terminology, constrained interaction that follows an institutional structure (in this case shaped by both the telephonic medium of interaction and the requirements of the dispatch package form) and institutionalized inference or reasoning mechanisms that preclude the production of actions that run counter to the institutional goal of efficient service provision. This production of "ordinary" emergencies, which can be represented in dispatch packages and acted upon through this routinization, not only contributes to the efficiency imperative of these interactions, but is a key and constitutive feature of it.

As our analysis has shown, however, in some instances the exclusively institutional agenda is disturbed or temporarily abandoned through the pursuit of alternative social and moral agendas that serve to constitute these cases as "extraordinary" emergencies. These alternative agendas are characterized by accountably produced orientations to, and the reproduction of, moral norms that reach beyond the boundaries of institutional goals. That is, although institutional settings are characterized by participants' orientations to their own set of institution-relevant norms, the moral agenda we have described is characterized by a move away from institutional concerns and toward a more "lay" orientation to the emergencies at hand. Moreover, the moral agenda may act *against* the institutional agenda, since it is characterized by practices that may increase the length of the calls, thereby running counter to efficiency and potentially

delaying the service-delivery process. In light of this, in those cases where emergencies are treated as extraordinary in these ways, it is worth closing examining both *how* they are produced, and *what* kinds of emergencies tend to be oriented to as such.

The conversation analytic method we have used in our analysis has facilitated the identification and description of interactional practices in the interactions and dispatch packages through which morally implicative emergencies are interactionally oriented to and managed. Their deployment displays participants' orientations to considerations associated with particular features of an emergency, relating specifically in the cases in our data to categories of people and the actions expected (or not) or them (cf. Jayyusi 1984), as well as to the nature of the incident and the medical condition of the patient. In particular, our analysis demonstrates that extended confluences of these participant orientations are recurrent at the site of emergencies that implicate the intersections of sexuality and childhood. This finding converges with the genealogical literature we have reviewed above concerning sexuality and childhood as particularly significant sites for the production of modern moral and normative systems (e.g., Aries 1962, Bowman 2010, Foucault 1978). That is, given that participants' orientations to the moral agenda we have described are particularly heightened in cases of sexual assaults against children, these emergencies serve as a site at which normative arrangements with respect to the regulated nature of sexuality, the preciousness, innocence and vulnerability of the child, and most especially their intersections, become visible. Taken-for-granted assumptions about these matters provide, in turn, for the accountability (Garfinkel 1967) of these departures from the institution-oriented practices that are otherwise pervasive in the majority of calls. Our

analysis has thus provided for the identification of one of the precise locations at which the norm of treating children as deserving of extra protection (particularly with respect to sexuality) is produced and reproduced in interaction, while also describing some of the methods and mechanisms through which this norm is attended to by institutional actors and reproduced in daily life as a shared "morality of cognition" (Heritage 1984, 75; cf. Garfinkel, 1967).

Notes

1. Further details in this regard are provided in the "Data and method" section below.
2. This is consistent with the call center's focus on the importance of efficiency, which includes training call-takers to follow institutional procedures designed to maximize the efficiency of calls, and routine measurement of average call times as key performance indicators for call-takers (Dexter Timm, Personal Communication, 8 May 2013).
3. Ethical clearance for use of the calls for research purposes was obtained from the University of the Witwatersrand Human Research Ethics Committee (Medical). All identifying details (names, telephone numbers and addresses) appearing in the calls have been anonymized or omitted from the transcript excerpts used for the analysis.
4. It is also possible that such a shift may have been occasioned by the onset of the call-taker's capturing of the information being provided on the dispatch package, and the institutional demands of doing so (see the below discussion of Excerpt 2b; also see Rasmussen 2016). However, as the analyses that follow demonstrate, call-takers'

engagement with this institutional task does not preclude concurrent displays of orientations to extra-institutional matters. Indeed, as shown in Excerpt 3b below, evidence of these extra-institutional orientations may be found even in the text captured in the dispatch package itself.

5. Although there is no explicit evidence of the participants' orientations in this regard, it may be relevant to note that the legal age for consensual sex in South Africa is 16. The patient's age in this case may thus potentially implicate what would legally (and possibly also morally) be considered a sexual offense as an antecedent event to her medical condition.

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